



LEAK ADJUSTMENT REQUEST

Dear Customer:

Thank you for contacting us to let us know about your leak. Before we can process your request for an adjustment, we need some information to determine if the excess water use and cause of the leak are within the wastewater utility's guidelines for billing adjustments.

Name: _____ Account Number: _____

Address: _____

Date leak was found: _____

Please provide location and description of leak: _____

Date repairs were made: _____

Who made the repair: _____ (Include repair receipts.)

Please return completed information and repair receipts to:

City of West Lafayette
Wastewater Billing Office
609 West Navajo Street
West Lafayette, IN 47906

You may also fax the information to (765) 775-5159 or email to utility@westlafayette.in.gov

Thank you for assisting us in processing your leak adjustment request.